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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b))  |   | Attorney Docket No. <b>M4065.0433/P433</b>   |  |
|   |   | First Inventor <b>Graham Kirsch</b>  |  |
|   |   | Title <b>METHOD AND CIRCUIT FOR NORMALIZATION<br/>OF FLOATING POINT SIGNIFICANDS IN A SIMD<br/>ARRAY MPP</b>   |  |
| Express Mail Label No.  |   |  |  |
| <b>APPLICATION ELEMENTS</b><br><br>See MPEP chapter 600 concerning utility patent application contents  |   | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   |   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)   |  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   |   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>29</b> ]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table,<br/>or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> |   | a. <input type="checkbox"/> Computer Readable Form (CRF)   |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>6</b> ]  |   | b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper                    |  |
| 5. Oath or Declaration [Total Pages <b>2</b> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)  |   | c. <input type="checkbox"/> Statements verifying identity of above copies  |  |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)   |   | <b>ACCOMPANYING APPLICATIONS PARTS</b>   |  |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b)  |   | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |  |
| 6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76  |   | 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee) <input checked="" type="checkbox"/> Power of<br>Attorney |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application<br>Data Sheet under 37 CFR 1.76<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____<br>Prior application information: Examiner _____ Group / Art Unit _____   |   | 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied<br>under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by<br>reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.   |   | 12. <input type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations                      |  |
| <b>19. CORRESPONDENCE ADDRESS</b>   |   | 13. <input type="checkbox"/> Preliminary Amendment   |  |
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|   |   | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |  |
|   |   | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)<br>Applicant must attach form PTO/SB/35 or its equivalent           |  |
|   |   | 17. <input type="checkbox"/> Other. _____  |  |
| Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b><br><b>Thomas J. D'Amico</b>  |   |  |  |
| Address <b>2101 L Street NW</b>   |   |  |  |
| City <b>Washington</b>  | State <b>DC</b>                                 | Zip Code <b>20037-1526</b>   |  |
| Country <b>US</b>   | Telephone <b>(202) 785-9700</b>                 | Fax <b>(202) 887-0689</b>  |  |
| Name (Print/Type) <b>Thomas J. D'Amico</b>  | Registration No. (Attorney/Agent) <b>28,371</b> |  |  |
| Signature    | Date <b>June 6, 2001</b>                        |  |  |

| <b>FEE TRANSMITTAL<br/>for FY 2001</b>   |          |                    |          | <i>Complete if Known</i>  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
|--|----------|--------------------|----------|---|----------|--------------------|----------------|--------------------|----------|--------------|----------------|-----------------|----------|----------|----------|----------|----------|------------------------|-----|-------|--------|-------------------------------------|----|-----------------------------------|----|-----|-----|--|-----|---------------------------------------|-----|-----|-----|---------------------------|----|--|-------|-----|-------|--|---|--|------|------------------------------------|------|--|--|-----------------|----------|--|----------|---|----------|--------------|-----|--------------|-----|--|----------|----------|----------|----------|----------|---|-----|-----|-----|-------------------------------------|-----|--|----|-----|-------|--|-----|---|-----|-----|-------|---------------------------|-----|--|-------|------------------------------------|-------|---|-----|------------------|------|-----|------|--|-----|--|--------|-----|--------|---|-----|--------------------------|-----|-----|-------|--|-------|---|-----|-----|-----|---|----|----------------------------------|-----|-----|-------|--|-----|------------------------------------|-------|-----|-------|---|-----|--------------------------------|-------|-----|-----|--|-----|------------------|-----|-----|-----|------------------|-----|-----------------|-----|-----|-----|--|-----|-------------------------------|-----|-----|-----|--------------------------|----|-------------------------------------|-------|-----|-------|---|-----|---|-----|-----|----|----------------------------------|----|--|-------|-----|-----|------------------------------------|-----|---|-------|-----|-----|--------------------------------|-----|---|-----|-----|-----|------------------|-----|---|-----|-----|-----|-----------------|-----|---|-----|---------------------|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|
| <i>Patent fees are subject to annual revision.</i>   |          |                    |          | Application Number  |          | Not Yet Assigned   |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          |                    |          | Filing Date   |          | June 6, 2001       |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          |                    |          | First Named Inventor  |          | Graham Kirsch      |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          |                    |          | Examiner Name   |          | Not Yet Assigned   |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          |                    |          | Group Art Unit  |          | N/A                |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |          | (\$)<br>1,092.00   |          | Attorney Docket No.   |          | M4065.0433/P433    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| METHOD OF PAYMENT  |          |                    |          | FEE CALCULATION (continued)   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Deposit Account Number: 04-1073<br/> Deposit Account Name: </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br/> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div> </div>  |          |                    |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td><td></td></tr> </tbody> </table> |          |                    |                | Large Entity       |          | Small Entity |                | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                    | 130 | 205   | 65     | Surcharge - late filing fee or oath |    | 127                               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139                                   | 130 | 139 | 130 | Non-English specification |    | 147  | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination  |   | 112  | 920* | 112                                | 920* | Requesting publication of SIR prior to Examiner action |  | 113             | 1,840*   | 113  | 1,840*   | Requesting publication of SIR after Examiner action |          | 115          | 110 | 215          | 55  | Extension for reply within first month |          | 116      | 390      | 216      | 195      | Extension for reply within second month |     | 117 | 890 | 217                                 | 445 | Extension for reply within third month |    | 118 | 1,390 | 218  | 695 | Extension for reply within fourth month |     | 128 | 1,890 | 228                       | 945 | Extension for reply within fifth month |       | 119                                | 310   | 219   | 155 | Notice of Appeal |      | 120 | 310  | 220  | 155 | Filing a brief in support of an appeal |        | 121 | 270    | 221   | 135 | Request for oral hearing |     | 138 | 1,510 | 138                                    | 1,510 | Petition to institute a public use proceeding |     | 140 | 110 | 240                                     | 55 | Petition to revive - unavoidable |     | 141 | 1,240 | 241                                    | 620 | Petition to revive - unintentional |       | 142 | 1,240 | 242                                     | 620 | Utility issue fee (or reissue) |       | 143 | 440 | 243                                    | 220 | Design issue fee |     | 144 | 600 | 244              | 300 | Plant issue fee |     | 122 | 130 | 122                                    | 130 | Petitions to the Commissioner |     | 123 | 50  | 123                      | 50 | Processing fee under 37 CFR 1.17(q) |       | 126 | 180   | 126   | 180 | Submission of Information Disclosure Stmt |     | 581 | 40 | 581                              | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 710 | 246                                | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |       | 149 | 710 | 249                            | 355 | For each additional invention to be examined (37CFR 1.129(b)) |     | 179 | 710 | 279              | 355 | Request for Continued Examination (RCE) |     | 169 | 900 | 169             | 900 | Request for expedited examination of a design application |     | Other fee (specify) |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 105  | 130      | 205                | 65       | Surcharge - late filing fee or oath   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 127  | 50       | 227                | 25       | Surcharge - late provisional filing fee or cover sheet  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 139  | 130      | 139                | 130      | Non-English specification   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 147  | 2,520    | 147                | 2,520    | For filing a request for ex parte reexamination   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 112  | 920*     | 112                | 920*     | Requesting publication of SIR prior to Examiner action  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 113  | 1,840*   | 113                | 1,840*   | Requesting publication of SIR after Examiner action   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 115  | 110      | 215                | 55       | Extension for reply within first month  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 116  | 390      | 216                | 195      | Extension for reply within second month   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 117  | 890      | 217                | 445      | Extension for reply within third month  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 118  | 1,390    | 218                | 695      | Extension for reply within fourth month   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 128  | 1,890    | 228                | 945      | Extension for reply within fifth month  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 119  | 310      | 219                | 155      | Notice of Appeal  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 120  | 310      | 220                | 155      | Filing a brief in support of an appeal  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 121  | 270      | 221                | 135      | Request for oral hearing  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 138  | 1,510    | 138                | 1,510    | Petition to institute a public use proceeding   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 140  | 110      | 240                | 55       | Petition to revive - unavoidable  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 141  | 1,240    | 241                | 620      | Petition to revive - unintentional  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 142  | 1,240    | 242                | 620      | Utility issue fee (or reissue)  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 143  | 440      | 243                | 220      | Design issue fee  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 144  | 600      | 244                | 300      | Plant issue fee   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 122  | 130      | 122                | 130      | Petitions to the Commissioner   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 123  | 50       | 123                | 50       | Processing fee under 37 CFR 1.17(q)   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 126  | 180      | 126                | 180      | Submission of Information Disclosure Stmt   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 581  | 40       | 581                | 40       | Recording each patent assignment per property (times number of properties)  | 40.00    |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 146  | 710      | 246                | 355      | Filing a submission after final rejection (37 CFR 1.129(a))   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 149  | 710      | 249                | 355      | For each additional invention to be examined (37CFR 1.129(b))   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 179  | 710      | 279                | 355      | Request for Continued Examination (RCE)   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 169  | 900      | 169                | 900      | Request for expedited examination of a design application   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Other fee (specify)  |          |                    |          |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Independent Claims</th> <th colspan="2">Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>39</td> <td>-20** =</td> <td>19</td> <td>-3** =</td> <td></td> <td></td> <td>19</td> <td>18 00</td> <td>342 00</td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0 00</td> </tr> <tr> <td colspan="8"></td> <td></td> </tr> </tbody> </table>   |          |                    |          | Total Claims  |          | Independent Claims |                | Multiple Dependent |          | Extra Claims | Fee from below | Fee Paid        | 39       | -20** =  | 19       | -3** =   |          |                        | 19  | 18 00 | 342 00 | 3                                   |    |                                   |    |     |     |  |     | 0 00                                  |     |     |     |                           |    |  |       |     |       | <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710.00</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (1)</b> (\$)<br/>710.00</td></tr> </tbody> </table> |   |  |      | Large Entity                       |      | Small Entity   |  | Fee Description | Fee Paid | Fee Code   | Fee (\$) | Fee Code  | Fee (\$) | 101          | 710 | 201          | 355 | Utility filing fee                     | 710.00   | 106      | 320      | 206      | 160      | Design filing fee                       |     | 107 | 490 | 207                                 | 245 | Plant filing fee                       |    | 108 | 710   | 208  | 355 | Reissue filing fee                      |     | 114 | 150   | 214                       | 75  | Provisional filing fee                 |       | <b>SUBTOTAL (1)</b> (\$)<br>710.00 |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Total Claims   |          | Independent Claims |          | Multiple Dependent  |          | Extra Claims       | Fee from below | Fee Paid           |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 39   | -20** =  | 19                 | -3** =   |   |          | 19                 | 18 00          | 342 00             |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 3  |          |                    |          |   |          |                    |                | 0 00               |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          |                    |          |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 101  | 710      | 201                | 355      | Utility filing fee  | 710.00   |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 106  | 320      | 206                | 160      | Design filing fee   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 107  | 490      | 207                | 245      | Plant filing fee  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 108  | 710      | 208                | 355      | Reissue filing fee  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 114  | 150      | 214                | 75       | Provisional filing fee  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$)<br>710.00   |          |                    |          |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (2)</b> (\$)<br/>342 00</td></tr> </tbody> </table> |          |                    |          | Large Entity  |          | Small Entity       |                | Fee Description    | Fee Paid | Fee Code     | Fee (\$)       | Fee Code        | Fee (\$) | 103      | 18       | 203      | 9        | Claims in excess of 20 |     | 102   | 80     | 202                                 | 40 | Independent claims in excess of 3 |    | 104 | 270 | 204  | 135 | Multiple dependent claim, if not paid |     | 109 | 80  | 209                       | 40 | ** Reissue independent claims over original patent |       | 110 | 18    | 210  | 9 | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> (\$)<br>342 00 |      |  |  |                 |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (3)</b> (\$)<br/>40 00</td></tr> </tbody> </table> |          |   |          | Large Entity |     | Small Entity |     | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                                     | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127                                    | 50 | 227 | 25    | Surcharge - late provisional filing fee or cover sheet |     | 139                                     | 130 | 139 | 130   | Non-English specification |     | 147                                    | 2,520 | 147                                | 2,520 | For filing a request for ex parte reexamination |     | 112              | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |     | 113                                    | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |     | 115                      | 110 | 215 | 55    | Extension for reply within first month |       | 116   | 390 | 216 | 195 | Extension for reply within second month |    | 117                              | 890 | 217 | 445   | Extension for reply within third month |     | 118                                | 1,390 | 218 | 695   | Extension for reply within fourth month |     | 128                            | 1,890 | 228 | 945 | Extension for reply within fifth month |     | 119              | 310 | 219 | 155 | Notice of Appeal |     | 120             | 310 | 220 | 155 | Filing a brief in support of an appeal |     | 121                           | 270 | 221 | 135 | Request for oral hearing |    | 138                                 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |     | 140                                       | 110 | 240 | 55 | Petition to revive - unavoidable |    | 141  | 1,240 | 241 | 620 | Petition to revive - unintentional |     | 142   | 1,240 | 242 | 620 | Utility issue fee (or reissue) |     | 143   | 440 | 243 | 220 | Design issue fee |     | 144                                     | 600 | 244 | 300 | Plant issue fee |     | 122   | 130 | 122                 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |  | <b>SUBTOTAL (3)</b> (\$)<br>40 00 |  |  |  |  |  |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 103  | 18       | 203                | 9        | Claims in excess of 20  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 102  | 80       | 202                | 40       | Independent claims in excess of 3   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 104  | 270      | 204                | 135      | Multiple dependent claim, if not paid   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 109  | 80       | 209                | 40       | ** Reissue independent claims over original patent  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 110  | 18       | 210                | 9        | ** Reissue claims in excess of 20 and over original patent  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$)<br>342 00   |          |                    |          |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 105  | 130      | 205                | 65       | Surcharge - late filing fee or oath   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 127  | 50       | 227                | 25       | Surcharge - late provisional filing fee or cover sheet  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 139  | 130      | 139                | 130      | Non-English specification   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 147  | 2,520    | 147                | 2,520    | For filing a request for ex parte reexamination   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 112  | 920*     | 112                | 920*     | Requesting publication of SIR prior to Examiner action  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 113  | 1,840*   | 113                | 1,840*   | Requesting publication of SIR after Examiner action   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 115  | 110      | 215                | 55       | Extension for reply within first month  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 116  | 390      | 216                | 195      | Extension for reply within second month   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 117  | 890      | 217                | 445      | Extension for reply within third month  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 118  | 1,390    | 218                | 695      | Extension for reply within fourth month   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 128  | 1,890    | 228                | 945      | Extension for reply within fifth month  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 119  | 310      | 219                | 155      | Notice of Appeal  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 120  | 310      | 220                | 155      | Filing a brief in support of an appeal  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 121  | 270      | 221                | 135      | Request for oral hearing  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 138  | 1,510    | 138                | 1,510    | Petition to institute a public use proceeding   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 140  | 110      | 240                | 55       | Petition to revive - unavoidable  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 141  | 1,240    | 241                | 620      | Petition to revive - unintentional  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 142  | 1,240    | 242                | 620      | Utility issue fee (or reissue)  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 143  | 440      | 243                | 220      | Design issue fee  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 144  | 600      | 244                | 300      | Plant issue fee   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 122  | 130      | 122                | 130      | Petitions to the Commissioner   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 123  | 50       | 123                | 50       | Processing fee under 37 CFR 1.17(q)   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 126  | 180      | 126                | 180      | Submission of Information Disclosure Stmt   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 581  | 40       | 581                | 40       | Recording each patent assignment per property (times number of properties)  | 40.00    |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 146  | 710      | 246                | 355      | Filing a submission after final rejection (37 CFR 1.129(a))   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 149  | 710      | 249                | 355      | For each additional invention to be examined (37CFR 1.129(b))   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 179  | 710      | 279                | 355      | Request for Continued Examination (RCE)   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| 169  | 900      | 169                | 900      | Request for expedited examination of a design application   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| Other fee (specify)  |          |                    |          |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (3)</b> (\$)<br>40 00  |          |                    |          |   |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBMITTED BY</b><br>Name (print/type): Thomas J. D'Amico<br>Signature:  |          |                    |          | Registration No. (Attorney/Agent): 28,371<br>Telephone: (202) 828-2232<br>Date: June 6, 2001  |          |                    |                |                    |          |              |                |                 |          |          |          |          |          |                        |     |       |        |                                     |    |                                   |    |     |     |  |     |                                       |     |     |     |                           |    |  |       |     |       |  |   |  |      |                                    |      |  |  |                 |          |  |          |   |          |              |     |              |     |  |          |          |          |          |          |   |     |     |     |                                     |     |  |    |     |       |  |     |   |     |     |       |                           |     |  |       |                                    |       |   |     |                  |      |     |      |  |     |  |        |     |        |   |     |                          |     |     |       |  |       |   |     |     |     |   |    |                                  |     |     |       |  |     |                                    |       |     |       |   |     |                                |       |     |     |  |     |                  |     |     |     |                  |     |                 |     |     |     |  |     |                               |     |     |     |                          |    |                                     |       |     |       |   |     |   |     |     |    |                                  |    |  |       |     |     |                                    |     |   |       |     |     |                                |     |   |     |     |     |                  |     |   |     |     |     |                 |     |   |     |                     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |                                   |  |  |  |  |  |